SAMPLE ONLY

PLEASE USE THIS FORMAT WHEN COMPLETING THE ORIGINAL IRREVOCABLE STOCK OR BOND POWER FORM ATTACHED

The undersigned does hereby assign to the State of Nevada, Department of Business and Industry, Division of Insurance, the
following security, Description of Security, CUSIP Number, Interest Rate, Maturity Date and Amount
for the sole benefit and protection of the policyholders of Name of the Company in the
State of Nevada; pursuant to NRS 682B.015 Additional deposit. The security is being held in trust at the Name and Address of
Depository (ie. Bank of New York - 1 Wall Street, 14th Floor - New York, NY 10286). This document is irrevocable and shall
continue in full force and effect until surrendered to Name of Depository
with the release of the Division of Insurance endorsed hereon; provided, however, that the Division of Insurance, in its discretion,
may present this power at any time to Name of Depository and upon delivery of said securities by Name of
<u>Depository</u> to the Division of Insurance , or to the designee of the Division of Insurance , <u>Name of Depository</u>
shall have no further liability with respect to said securities.
Co. nameNAIC #
Co. street address
City, state, zip
Authorized Signature: (ie. Company Officer) Date:
Title: Telephone no
DIVISION OF INSURANCE RELEASE
(For Division Use ONLY)
Pursuant to the authority vested in me the securities described above are released from the terms and conditions of this power and
may surrender, deliver or otherwise dispose of said securities in any
manner so ordered by
For the State of Nevada, Division of Insurance:
Title: Date:
Title: Date:

SCOTT J. KIPPER Commissioner



DEPARTMENT OF BUSINESS AND INDUSTRY DIVISION OF INSURANCE

1818 East College Pkwy., Suite 103
Carson City, Nevada 89706
(775) 687-0700
Fax (775) 687-0787
Website: doi.nv.gov
E-mail: insinfo@doi.nv.gov

IRREVOCABLE STOCK OR BOND POWER

The undersigned does hereby assign to the State of Nevada, I	Department of Business and Industry, Division of Insurance, the	
following security,	for the sole	
benefit and protection of the policyholders of	in the	
State of Nevada; pursuant to NRS 682B.015 Additional d	leposit. The security is being held in trust at the This document is irrevocable and	
shall continue in full force and effect until surrendered to	with the release of the Division of	
Insurance endorsed hereon; provided, however, that the Divis	sion of Insurance, in its discretion, may present this power at any	
time to and upon delivery of sa	id securities by to	
the Division of Insurance, or to the designee of the Division	n of Insurance, shall	
have no further liability with respect to said securities.		
Co. nameNAIC #		
Co. street address	<u> </u>	
City, state, zip		
Authorized Signature:	Date:	
Title:	Telephone no:	
(For Divisi	SURANCE RELEASE on Use ONLY) above are released from the terms and conditions of this power and	
	may surrender, deliver or otherwise dispose of said	
securities in any manner so ordered by	·	
For the State of Nevada, Division of Insurance:		
Title: Commissioner of Insurance	Date:	

THIS NOTARY ACKNOWLEDGMENT MUST BE ATTACHED TO EACH IREVOCABLE STOCK OR BOND POWER

ne of Company	NAIC #
e of	,
inty of	
OnDATE	personally appeared before me,
	Company authorized signature who acknowledged that he executed the above instrument.
	Please print name of the above individual.
	ave hereunto set my hand and affixed my official
the day and year in this certification	y ofate first above written.
Signatur	e of Notary